

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of	Gila,	BUREAU OF VITAL STATISTICS	
District of	Globe,	ORIGINAL CERTIFICATE OF BIRTH	
Town of		State Index No.	147
or		County Registrar No.	554
City of	Globe,	Local Registrar No.	
		No.	St.
		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child		Richard Basil Clemance,	
3. Sex of Child		To be answered ONLY in event of plural births.	
Male		4. Twin, triplet or other	
		5. No., in order of birth	
		6. Legitimate?	
		Yes	
		7. Date of birth	
		7 19 1924	
		Month day year	
8. FATHER		14. MOTHER	
Full name		Full maiden name	
Richard Thomas Clemance,		Bessie Hollow,	
9. Residence		15. Residence	
(Usual place of abode)		(Usual place of abode)	
Globe,		Globe,	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race		16. Color or race	
White		White	
11. Age at last birthday		17. Age at last birthday	
29 (Years)		29 (Years)	
12. Birthplace (city or place)		18. Birthplace (city or place)	
(State or country)		(State or country)	
England,		England,	
13. Occupation		19. Occupation	
Nature of industry		Nature of industry	
Miner		Housewife,	
20. Number of children of this mother		21. Were precautions taken against oph-	
(Taken as of time of birth of child herein certified and including this child.)		thalmia neonatorum?	
(a) Born alive and now living		2	
(b) Born alive but now dead			
(c) Stillborn			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>12:30</u> A.M. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.			
Given name added from a supplemental report			
Month, day, year.			
Registrar.			
Filed 7-26, 1924			
Filed AUG 5, 1924			
Local Registrar.			
County Registrar.			

935-719-284